AM-227-1-3

M Baltimore City Memorandum

	Date:	
TO:	Agency Director Agency Name	
FROM:	Employee's Name	
SUBJECT:	Protective Order Notification	
	a copy of a Protective/Restraining Order issued by(Content of the City's assistance in assuring the implementation of this order.	
Should you n	need further information, please contact me at(telepho	ne number).
	DOCUMENTS Workplace Violence Policy	

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